DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10030549-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

COST	ESTIMAT	TON FOR	DEVICE	TESTING

COST ESTIMATION FOR	inventi	on entitled:		ch is claimed and for which a	
the specification of which	ch is at	tached hereto unless th	e following box is ch	ecked.	
			cation Serial No. or PO	CT International Application	
	amen	ded by any amendment	t(s) referred to above	above-identified specification, e. I acknowledge the duty to FR 1.56.	
Foreign Application(s) and/or	Claim of	Foreign Priority			
	elow and	have also identified below a	ny foreign application for p	ny foreign application(s) for patent or patent or patent or inventor(s) certificate having	
· COUNTRY	I	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
N/A				YES: NO:	
				YES: NO:	
Provisional Application I hereby claim the benefit un below:	der Title	35, United States Code Sec	tion 119(e) of any United	States provisional application(s) listed	
	APF	PLICATION SERIAL NUMBER	FILING DATE		
		N/A			
	<u></u>			<u> </u>	
•		of the claims of this applicat			
information as defined in Title	37, Coc	oh of Title 35, United States de of Federal Regulations, Sec	Code Section 112, I acknotion 1.56(a) which occurr	prior United States application in the owledge the duty to disclose material ed between the filing date of the prior	
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APPLICATION SERIAL NUMBE N/A POWER OF ATTORNEY: As a named inventor, I here business in the Patent and Tra Customer I Send Correspondence to: AGILENT TECHNOLOGIES Legal Department, DL429 Intellectual Property Admi P.O. Box 7599 Loveland, Colorado 805333 I hereby declare that al made on information at with the knowledge to	e 37, Coor PCT int R bby appoademark Number 6, INC. inistration 7-0599 Il stater nd bel hat will under	ch of Title 35, United States de of Federal Regulations, Sectornational filing date of this a FILING DATE int the following attorney(s) Office connected therewith: 022878 Direct Telephone Calls Cynthia S. Mitchell (970) 679-3136 ments made herein of relief are believed to be fillful false statements Section 1001 of Title	and/or agent(s) to prose Place Customer Number Bar Code Label here To: or my own knowledge a true; and further that and the like so mai 18 of the United Sta	cute this application and transact all re true and that all statements t these statements were made de are punishable by fine or tes Code and that such willful	
APPLICATION SERIAL NUMBE N/A POWER OF ATTORNEY: As a named inventor, I here business in the Patent and Tra Customer I Send Correspondence to: AGILENT TECHNOLOGIES Legal Department, DL429 Intellectual Property Admi P.O. Box 7599 Loveland, Colorado 8053: I hereby declare that al made on information as with the knowledge timprisonment, or both,	eby appo ademark Number 7-0599	ch of Title 35, United States de of Federal Regulations, Section 1001 of Title 20 the validity of the apparent of the process	and/or agent(s) to prose Place Customer Number Bar Code Label here To: or my own knowledge a true; and further that and the like so mai 18 of the United Sta	re true and that all statements t these statements were made de are punishable by fine or tes Code and that such willful t issued thereon.	

Page 1 of 1

Post Office Address:

1229 North Wilson Avenue #D205, Loveland, CO 80537

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10030549-1

Full Name of # 2 joint inventor:	Reid F. Hayhow			Citizenship: _	USA		
Residence:	4100 Greenridg	Drive, LaPorte,	CO 80535				
Post Office Address: 4100 Greenridg Drive, LaP rte, CO 80535							
Thous Han			9/22	103			
Inventor's Signature			Date	/			
Full Name of # 3 joint inventor:		· · · · · · · · · · · · · · · · · · ·		Citizenship: _	- 1997 -		
Residence:							
Post Office Address:							
Inventorio Nicolaturo							
Inventor's Signature			Date				
	•						
Full Name of # 4 joint inventors	:			Citizenship: _			
Residence:					****		
Post Office Address:							
Inventor's Signature			Date				
Full Name of # 5 joint inventor	•			Citizenship:			
Residence:	•						
Post Office Address:							
Inventor's Signature			Date				
Full Name of # 6 joint inventor	r:			Citizenship:			
Residence:							
Post Office Address:	-				75		
Inventor's Signature			Date				
Full Name of # 7 joint inventor	r:			Citizenship:_			
Residence:					•		
Post Office Address:				 :			
Inventor's Signature			Date				
involtor o dignaturo			Date				
Full Manager of All Deleters				Cial-c			
Full Name of # 8 joint invento	r:			Citizenship:_			
Residence:					*		
Post Office Address:							
Inventor's Signature	****		Date				